U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
E	O. B. S.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From
	1/1 /04 Through: 12/31 /04
3. Name and address of person filing.	Name, file number, and adcress of labor organization.
Name	Name Teamsters Local Union #639
John R. Gibson	Labor Organization File Number 011-839
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Roon Number, if any
146 Jacks Way Street	Street 3100 Ames Place, NE
City Grasonville	City Washington
State Maryland 21638 ZIP Code + 4	State DC 20018 ZIP Code + 4
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount
Street	
City .	
State ZIP Ccde + 4	
	Signature
	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)

On 8/12/05

Date

202-636-8170

Telephone Number

Signed

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade rarie, if any). Teamsters Local 639 Employers	9. Business deals with:	
Pension Fund Trade Name, if any:	攻. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 3130 Ames Place, NE	c. Employer	
City Washington, DC 20018		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provides benefits to Union members.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	

ZIP Code + 4

12.a. Nature of interest held or income received.

\$2,888

registration fee.

12.b. Amount.

Reimbursement of trustee expenses and

International Foundation, 2/2004

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Coce + 4	
13.b. Is the Business an Employer	or Consultant 2	14.b. Amount of payment.

City

State

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date

F-15-05